



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB1488

by Rep. Chapin Rose

SYNOPSIS AS INTRODUCED:

20 ILCS 1305/1-37a new

Amends the Department of Human Services Act. Requires the Governor to create a Management Improvement Initiative Committee that shall include the Management Improvement Initiative Departmental Leadership Team to implement the recommendations made in the report submitted to the General Assembly on January 1, 2011 as required under Public Act 96-1141. Provides that the Team shall be comprised of a representative from the Department on Aging and the Departments of Children and Family Services, Healthcare and Family Services, Human Services, and Public Health, and that the Team members shall integrate the Committee's objectives into their respective departmental operations and shall submit a progress report to the General Assembly by May 1, 2011 on the progress made in implementing the recommendations made in the report submitted to the General Assembly on January 1, 2011 as required under Public Act 96-1141. Provides that additional duties of the Committee shall include reviewing contracts held with community health and human service providers on the regulations and work processes required by the departments and their divisions; and describing how improved regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work processes are measured at the community vendor, contractor, and departmental levels, and how they have reduced redundant regulations, reporting, monitoring, compliance, auditing, certification, licensing, and work processes. Contains provisions concerning the composition of the Committee. Effective immediately.

LRB097 07770 KTG 47882 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning State government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Department of Human Services Act is amended
5 by adding Section 1-37a as follows:

6 (20 ILCS 1305/1-37a new)

7 Sec. 1-37a. Management Improvement Initiative Committee.

8 (a) As used in this Section, unless the context indicates
9 otherwise:

10 "Departments" means the Department on Aging, the
11 Department of Children and Family Services, the Department of
12 Healthcare and Family Services, the Department of Human
13 Services, and the Department of Public Health.

14 "Management Improvement Initiative Committee" or
15 "Committee" means the Management Improvement Initiative
16 Committee created under this Section.

17 "Management Improvement Initiative Departmental Leadership
18 Team" or "Team" means the Management Improvement Initiative
19 Departmental Leadership Team created under this Section.

20 (b) The Governor shall create a Management Improvement
21 Initiative Committee that shall include the Management
22 Improvement Initiative Departmental Leadership Team to
23 implement the recommendations made in the report submitted to

1 the General Assembly on January 1, 2011 as required under
2 Public Act 96-1141, and to continue the work of the group
3 formed under the auspices of Public Act 96-1141.

4 The Team shall be comprised of a representative from each
5 of the Departments.

6 The Team members shall integrate the Committee's
7 objectives into their respective departmental operations and
8 continue the work of the group formed under the auspices of
9 Public Act 96-1141 including:

10 (1) Implementing the recommendations of the report
11 submitted to the General Assembly on January 1, 2011 under
12 Public Act 96-1141.

13 (2) Submitting a progress report to the General
14 Assembly by May 1, 2011 on the progress made in
15 implementing the recommendations made in the report
16 submitted to the General Assembly on January 1, 2011 under
17 Public Act 96-1141.

18 (3) Reviewing contracts held with community health and
19 human service providers on the regulations and work
20 processes, including reporting, monitoring, compliance,
21 auditing, certification, and licensing processes, required
22 by the departments and their divisions.

23 (4) Eliminating obsolete, redundant, or unreasonable
24 regulations, reporting, monitoring, compliance, auditing,
25 certifications, licensing, and work processes.

26 (5) Implementing reciprocity across divisions and

1 departments. Reciprocity shall be used to accept other
2 division or department regulations, reporting, monitoring,
3 compliance, auditing, certification, and licensing
4 processes.

5 (6) Implementing integrated work processes across
6 divisions and departments that will be used for efficient
7 and effective work processes including regulations,
8 reporting, monitoring, compliance, auditing, licensing,
9 and certification processes.

10 (7) Implementing the deemed status for accredited
11 community health and human service providers.

12 (8) Reviewing work products meant to address the
13 Committee's objectives as set forth in this Section. The
14 review shall be done in concert with similar reviews
15 conducted by the divisions under the Department of Human
16 Services and other department steering committees,
17 committees, and work groups as appropriate and necessary to
18 eliminate redundant work processes including reporting,
19 monitoring, compliance, auditing, licensing, and
20 certification processes.

21 (9) Describing how improved regulations, reporting,
22 monitoring, compliance, auditing, certification,
23 licensing, and work processes are measured at the community
24 vendor, contractor, and departmental levels, and how they
25 have reduced redundant regulations, reporting, monitoring,
26 compliance, auditing, certification, licensing, and work

1 processes.

2 (c) The Team shall examine the entire body of regulations,
3 reporting, monitoring, compliance, auditing, certification,
4 licensing, and work processes that guide departmental
5 operations and contracts to eliminate obsolete, redundant, or
6 unreasonable regulations, reporting, monitoring, compliance,
7 auditing, licensing, and certifications.

8 (d) The Team shall identify immediate, near-term, and
9 long-term opportunities to improve accountable, non-redundant,
10 effective, and efficient accountability, regulations,
11 reporting, monitoring, compliance, auditing, certification,
12 and licensing processes that are necessary, appropriate, and
13 sufficient to determine the success and quality of contracts
14 with community health and human service vendors and providers.

15 (e) The Team shall develop performance measures to assess
16 progress towards accomplishing the Committee's objectives and
17 shall develop procedures to provide feedback on the impact of
18 the State's operational improvements meant to achieve
19 management improvement initiative objectives.

20 (f) The Team shall report operational improvements and
21 document efforts that address the Committee's objectives.
22 These reports shall be submitted to the Governor and the
23 General Assembly semi-annually and shall:

24 (1) Include the results made to maintain efficient
25 accountability while eliminating obsolete, redundant, or
26 unreasonable regulations, reporting, monitoring,

1 compliance, auditing, licensing, and certifications.

2 (2) Specify improved regulations, reporting,
3 monitoring, compliance, auditing, certification,
4 licensing, and work processes.

5 (3) Describe how improved regulations, reporting,
6 monitoring, compliance, auditing, certification,
7 licensing, and work processes are measured at the community
8 vendor, contractor, and departmental levels, and how they
9 have reduced redundant regulations, reporting, monitoring,
10 compliance, auditing, certification, licensing, and work
11 processes.

12 (4) Include the methods used to engage health and human
13 service providers in the management improvement initiative
14 to improve regulations, reporting, monitoring, compliance,
15 auditing, certification, licensing, and work processes.

16 (5) Describe how departmental practices have been
17 changed to improve non-redundant accountability,
18 efficiency, effectiveness, and quality.

19 (g) Beginning in State Fiscal Year 2012, regulations,
20 reporting, monitoring, compliance, auditing, certification,
21 licensing, and work processes, including each new departmental
22 initiative, shall be linked directly to non-redundant,
23 accountable, efficient, and effective outcome indicators which
24 can be used to evaluate the success of the new initiative.

25 (h) The Management Improvement Initiative Committee.

26 (1) The Committee shall be comprised of Team members

1 from each of the Departments to manage the overall
2 implementation process and to ensure that any new
3 monitoring and compliance activities are developed as
4 recommended in the report submitted to the General Assembly
5 on January 1, 2011.

6 (2) Team members shall be able to access available
7 resources within their respective departments, to set
8 priorities, manage the overall implementation process, and
9 ensure that any new monitoring and compliance activities
10 are developed as recommended in the report submitted to the
11 General Assembly on January 1, 2011.

12 (3) The Departments shall each designate a member to
13 serve as a member of the Committee.

14 (4) The Committee shall also consist of the community
15 organizations, community providers, associations, and
16 private philanthropic organizations appointed under Public
17 Act 96-1141, and shall be charged with overseeing
18 implementation of the Committee's objectives and ensuring
19 that provider prospective is incorporated.

20 (5) The Committee shall be co-chaired by department and
21 community representatives, with leadership responsibility
22 resting with the Governor in order to increase the priority
23 and accountability for implementation of the Committee's
24 objectives and recommendations.

25 (6) The Team shall be responsible for establishing
26 within the Committee workgroups consisting of subject

1 matter experts necessary to reach the Committee's
2 objectives, including the recommendations made in the
3 report submitted to the General Assembly on January 1, 2011
4 under Public Act 96-1141. Those subject matter experts,
5 including those with necessary technological expertise,
6 shall include outside experts, departmental, association,
7 and community providers.

8 (7) Recommendations of the Committee shall be reviewed
9 and its efforts integrated into existing as well as ongoing
10 initiatives as appropriate, including the implementation
11 of Public Act 96-1501, the Illinois Frameworks planning and
12 implementation efforts, and any other task force that may
13 make proposals that impact community provider work
14 processes and contract deliverables.

15 Section 99. Effective date. This Act takes effect upon
16 becoming law.